

Vonda M. Wallace  
Paralegal Specialist

Vonda M. Wallace  
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/508758

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		01					
2		1					52		01					
3		01					53		01					
4		01					54		01					
5		01					55		01					
6		01					56		01					
7		01					57		01					
8		01					58	1						
9		01					59		1					
10		01					60		01					
11		01					61		01					
12		01					62		01					
13		01					63		01					
14		01					64		01					
15		01					65		01					
16		01					66		01					
17		01					67		01					
18		01					68		01					
19	1						69		01					
20		1					70		01					
21		01					71		01					
22		01					72		01					
23		01					73		01					
24		01					74		01					
25		01					75		01					
26		01					76		01					
27		01					77		01					
28		01					78		01					
29		01					79		01					
30		01					80		01					
31		01					81	1						
32		01					82		1					
33		01					83		01					
34		01					84		01					
35		01					85		01					
36	1						86		01					
37		1					87		01					
38		01					88		01					
39		01					89		01					
40		01					90		01					
41		01					91		01					
42		01					92		01					
43		01					93		01					
44		01					94		01					
45		01					95		01					
46		01					96		01					
47		01					97		01					
48		01					98		01					
49		01					99		01					
50		01					100		01					
TOTAL IND.							TOTAL IND.	5						
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							